

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Poncethia R. Rambo's	CHAPTER 100.1
Address: 1621 Nohoana Place, Hilo, Hawaii, 96720	Inspection Date: November 17, 2020 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – physician order dated 09-30-20 and September – November 2020 medication record read, "Oxycodone HCl 5 mg tabs give 0.5 tab by mouth as needed for pain." However, prescription bottle label read, "Oxycodone HCl 5 mg tablet ½ tab PO q 4hrs prn pain." Frequency was not listed on the medication record or clarified in physician order.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Asked Doctor to discontinue the order for the Oxycodone. Because resident not using and she doesn't need it. She has another order of Acetaminophen for pain. Enclosed is a copy of the said discontinued signed order from the doctor. Also, frequency of the meds. was being corrected.</p>	<p>Yes</p> <p>11-20-20</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – no care giver training provided by the case manager to care givers for suppository administration.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Asked doctor to discontinue the order for Dulcolax suppository for resident #1. Because she's not using and doesn't need it. Her BM is regular. Enclosed is a copy of the said discontinued signed order from the doctor.</p>	<p>Yes.</p> <p>11-20-20</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p>FINDINGS Resident #1 – admitted on September 23, 2020, two (2) step tuberculosis (TB) skin test results read, 09-01-20 "negative" and 09-08-20 "negative" However, dates of administration were not indicated.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I called Hale Avenue Restorative Care Center and find out the date of administering the PPD and the date it was being read for both. PPD dated 9/01/20 and PPD dated 9/8/20. Enclosed is a copy of the PPD test results for Step 1 and Step 2 for resident #1.</p>	<p>Yes 11-24-20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1 – admitted on September 23, 2020, two (2) step tuberculosis (TB) skin test results read, 09-01-20 "negative" and 09-08-20 "negative" However, dates of administration were not indicated.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, I have to double check the date of administration of the PPD and the date that's being read for the 2 Steps PPD upon admission of the resident for my future records.</i></p>	<p><i>11-24-20</i></p>

Licensee's/Administrator's Signature: Doncethia R. Ramon

Print Name: DONCETHIA R. RAMON

Date: 11-24-20